

FOR ADMIN. USE ONLY  
Amendments-date & S or M

## PROGRAM TIMBER HARVESTING PLAN

STATE OF CALIFORNIA  
DEPARTMENT OF FORESTRY  
AND FIRE PROTECTION  
RM-64 (2-05)

FOR ADMIN. USE ONLY

THP No. \_\_\_\_\_

1. \_\_\_\_\_ 7. \_\_\_\_\_

2. \_\_\_\_\_ 8. \_\_\_\_\_

3. \_\_\_\_\_ 9. \_\_\_\_\_

4. \_\_\_\_\_ 10. \_\_\_\_\_

5. \_\_\_\_\_ 11. \_\_\_\_\_

6. \_\_\_\_\_ 12. \_\_\_\_\_

Dates Rec'd \_\_\_\_\_

Filed in accordance with

**PROGRAM TIMBERLAND ENVIRONMENTAL  
IMPACT REPORT**

No. \_\_\_\_\_

Located at \_\_\_\_\_

Date Filed \_\_\_\_\_

Date Approved \_\_\_\_\_

Date Expires \_\_\_\_\_

Extensions 1) [ ] 2) [ ]

This Program Timber Harvesting Plan (PTHP) form, when properly completed, is designed to comply with the Forest Practice Act (FPA), Board of Forestry rules, and the above listed Program Timberland Environmental Impact Report (PTEIR). See separate instructions for information on completing this form. NOTE: The form must be printed legibly in ink or typewritten. The PTHP is composed of this form, required maps, completed checklist, required verifying documents and a confidential archaeological section, if required. If more space is necessary to answer a question, continue the answer in an attachment to the PTHP form. If writing an electronic version, insert additional space for your answer. Please distinguish answers from questions by *font change*, **bold** or underline.

This PTHP conforms to my/our plan and upon approval; I/we agree to conduct harvesting in accordance therewith. Consent is hereby given to the Director of Forestry and Fire Protection, and his or her agents and employees, to enter the premises to inspect timber operations for compliance with the Forest Practice Act, Forest Practice Rules and the PTEIR.

1. TIMBER OWNER(S) OF RECORD: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: The timber owner is responsible for payment of a yield tax. Timber Yield Tax information may be obtained at the **Timber Tax Section, MIC: 60, State Board of Equalization, P.O. Box 942879, Sacramento, California 94279-0060; phone 1-800-400-7115; BOE Web Page at http:// [www.boe.ca.gov](http://www.boe.ca.gov).**

2. TIMBERLAND OWNER(S) OF RECORD: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. LICENSED TIMBER OPERATOR(S): Name \_\_\_\_\_ Lic. No. \_\_\_\_\_  
(If unknown, so state. You must notify CDF of LTO prior to start of timber operations.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: The RPF must provide verification that the LTO has been briefed by the RPF or his/her supervised designee on the contents and operational requirements of the PTHP prior to the start of timber operations. Ref. Title 14 CCR 1092.09(k).**

4. PLAN SUBMITTER(S): Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 (Submitter must be from 1, 2, or 3 above. He/she must sign below. Ref. Title 14 CCR 1092.04(a).)  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

5. a. List person to contact on-site who is responsible for the conduct of the operation. If unknown, name must be provided for inclusion in the PTHP prior to start of timber operations.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

- b. ☐ Yes ☐ No Will the timber operator be employed for the construction and maintenance of roads and landings during conduct of timber operations? If no, who is responsible?  
 c. Who is responsible for erosion control maintenance after timber operations have ceased and until certification of the Work Completion Report? If not the LTO, then a written agreement must be provided per 14 CCR 1050(c).

6. a. Expected date of commencement of timber operations:  
☐ date of PTHP conformance, or ☐ \_\_\_\_\_(date)  
 b. Expected date of completion of timber operations:  
☐ 3 years from date of PTHP conformance, or ☐ \_\_\_\_\_(date)

7. Location of the timber operation by legal description:

Base and Meridian: ☐ Mount Diablo ☐ Humboldt ☐ San Bernardino

Section	Township	Range	Acreage	County	Assessor's Parcel Number*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL ACREAGE \_\_\_\_\_ (Logging Area Only)

\* Optional

Planning Watershed(s): CALWATER Version, Identification Number, and Name:

U.S. Geological Survey (USGS) Quadrangle name(s) and date(s):

Attach any maps as required by 1092.09 and PTEIR at the end of the form.



12. a. ☐ Yes ☐ No Is a confidential archaeological addendum as defined in 895.1 attached? If no, complete subsection b. and c. If yes, you may disregard b., but must complete c.
- b. ☐ Yes ☐ No If archaeology was covered in the PTEIR, an archaeological survey has been conducted of the PTHP area according to current rules and no additional sites were found.
- c. ☐ Yes ☐ No Are there any archaeological or historical sites located in the PTHP area? If yes, protection measures are contained in a confidential attachment to the PTHP.
13. a. ☐ Yes ☐ No Will timber operations cause any significant adverse impacts to occur to any threatened or endangered plant or animal species in the area of the PTHP?
- b. ☐ Yes ☐ No Will timber operations be conducted in compliance with an accepted "no take" or authorized incidental "take" procedure, either of which has authorization or concurrence of a wildlife agency acting within its authority under state or federal endangered species acts for a listed species? If yes, then describe the species and applicable permit or procedure.

**NOTE: See the CDF Mass Mailing, 07/02/1999, section on "CDF Guidelines for Species Surveys and Mitigations" to complete these questions.**

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14. ☐ yes ☐ No Are there any unique areas in the area of the PTHP? If yes list the areas and any special provisions.

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15. ☐ Yes ☐ No Are there any practices that are deviations from the standard operational rules which were reviewed under the certified PTEIR? If yes, the deviations and required practices must be listed in the attached checklist.

16. ☐ Yes ☐ No Are there any operational practices which deviate from the standard rules that were not reviewed under the PTEIR but which are allowed in the rules? If yes provide description, location, explanation and justification.

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17. RPF preparing the PTHP: Name \_\_\_\_\_ RPF Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

- a. ☐ Yes ☐ No I have notified the plan submitter, in writing, of their responsibilities pursuant to Title 14 CCR 1092.11 of the Forest Practice Rules.
- b. ☐ Yes ☐ No I have notified the timberland owner, in writing, of their responsibilities for compliance with the Forest Practice Act and, where applicable, Board rules, regarding site preparation, stocking, and maintenance of roads, landings, and erosion control facilities.

- c. I have the following authority and responsibilities for preparation and administration of the PTHP and timber operation.  
(Include both work completed and work remaining to be done):

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- d. Additional required work requiring an RPF which I do not have the authority or responsibility to perform:

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- e. I certify that I, or my supervised designee, personally inspected the PTHP area and that the proposed timber operations are within the scope of the environmental analysis contained in the PTEIR and therefore will not result in any significant environmental impacts beyond those addressed in the PTEIR. There have been no physical environmental changes in the PTHP area that are so significant as to require any addendum or supplement to the PTEIR.

Signature\_\_\_\_\_Date\_\_\_\_\_

DIRECTOR OF FORESTRY AND FIRE PROTECTION

This Program Timber Harvesting Plan conforms to the rules and regulations of the Board of Forestry, the Forest Practice Act, and the PTEIR:

By:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)